

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>mm</i>	<i>50</i>	<i>08-22-01</i>
FORMALITY REVIEW	<i>mar</i>	<i>1145</i>	<i>9/26/01</i>
RESPONSE FORMALITY REVIEW	<i>Tz</i>	<i>947</i>	<i>01/18/02</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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301  
 9/27/01  
 J.386  
 01/18/02